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Announcement 695

Implementation of CAQH CORE® Eligibility and Claim Status Operating Rules

The Operating Rules for the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE®) Phase I and II was implemented for Nevada Medicaid/Nevada Check Up on January 27, 2014. The Patient Protection and Affordable Care Act (ACA) requires implementation of CAQH CORE Operating Rules.

CAQH CORE® Phase I and II Operating Rules support electronic eligibility and claim status inquiries. The Rules streamline and bring uniformity to essential administrative transactions between health care providers and health plans. In addition, the Rules simplify interoperability for all trading partners.

The implementation of the CAQH CORE Eligibility and Claim Status Operating Rules allows Nevada Medicaid/Nevada Check Up providers to:

- Receive eligibility responses that include the required CAQH CORE service type codes covered by the recipient's Medicaid plan. These service type codes will be returned on the EDI 5010 270/271 transaction and the Provider Web Portal eligibility responses.
- Inquire on eligibility using a generic or explicit inquiry request. A generic inquiry response will include all 12 CAQH CORE service type codes. An explicit inquiry response will only include the CAQH CORE service type codes that were used on the explicit eligibility request.
- The [Electronic Verification System \(EVS\) User Manual](#) Chapter 2: Eligibility and Benefit Verification was updated with information regarding the changes to the Provider Web Portal.
- Updated 270/271 - Health Care Eligibility Inquiry and Response and 276/277- Claim Status Response Companion Guides will be available on the [EDI webpage](#).

Please review the attached [Frequently Asked Questions](#) for further details regarding the CAQH CORE Phase I and II Operating Rules, including a list of service type codes.